M

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

893

1. PLACE OF DEATH
County: Dunklin — Registration District No.: 290 — File No.:
Township: Saline — Primary Registration District No.: 5408 — Registered No.: 12
City: (No. , St. Ward)

2. FULL NAME: Becky Lee Pruett
(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 17, 1932
7. AGE: YEARS — MONTHS: 11 — DAYS: 28 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: X
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: X
10. Date deceased last worked at this occupation (month and year): X
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin County Mo

FATHER
13. NAME: J. E. Pruett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin County Mo

MOTHER
15. MAIDEN NAME: Ocie May Johnson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dunklin County Mo

17. INFORMANT (ADDRESS): J. E. Pruett Senath Mo R.F.D. #1
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Lulu Cemetery DATE: Jan 16 1933
19. UNDERTAKER (ADDRESS): McDaniel Burns Co Senath Mo
20. FILED: 2/22 1933 A. Helen Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 15, 1933
22. I HEREBY CERTIFY, That I attended deceased from January 15, 1932, to January 15, 1933
I last saw her alive on January 15, 1933. Death is said to have occurred on the date stated above, at 11:00 a.m.
The principal cause of death and related causes of importance were as follows:
Strangled or suffocation from enholing a foreign object in trachea (Suffocation) — Date of onset 1-15-33
Other contributory causes of importance:
Name of operation: Date of:
What test confirmed diagnosis? X Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 1/15, 1933
Where did injury occur? at home - Senath, Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury: Picked up object from floor was playing
Nature of injury: Got object in mouth & into larynx

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Robert E. Martin, M. D.
(Address) Senath Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERMANENT RECORD 28 1933